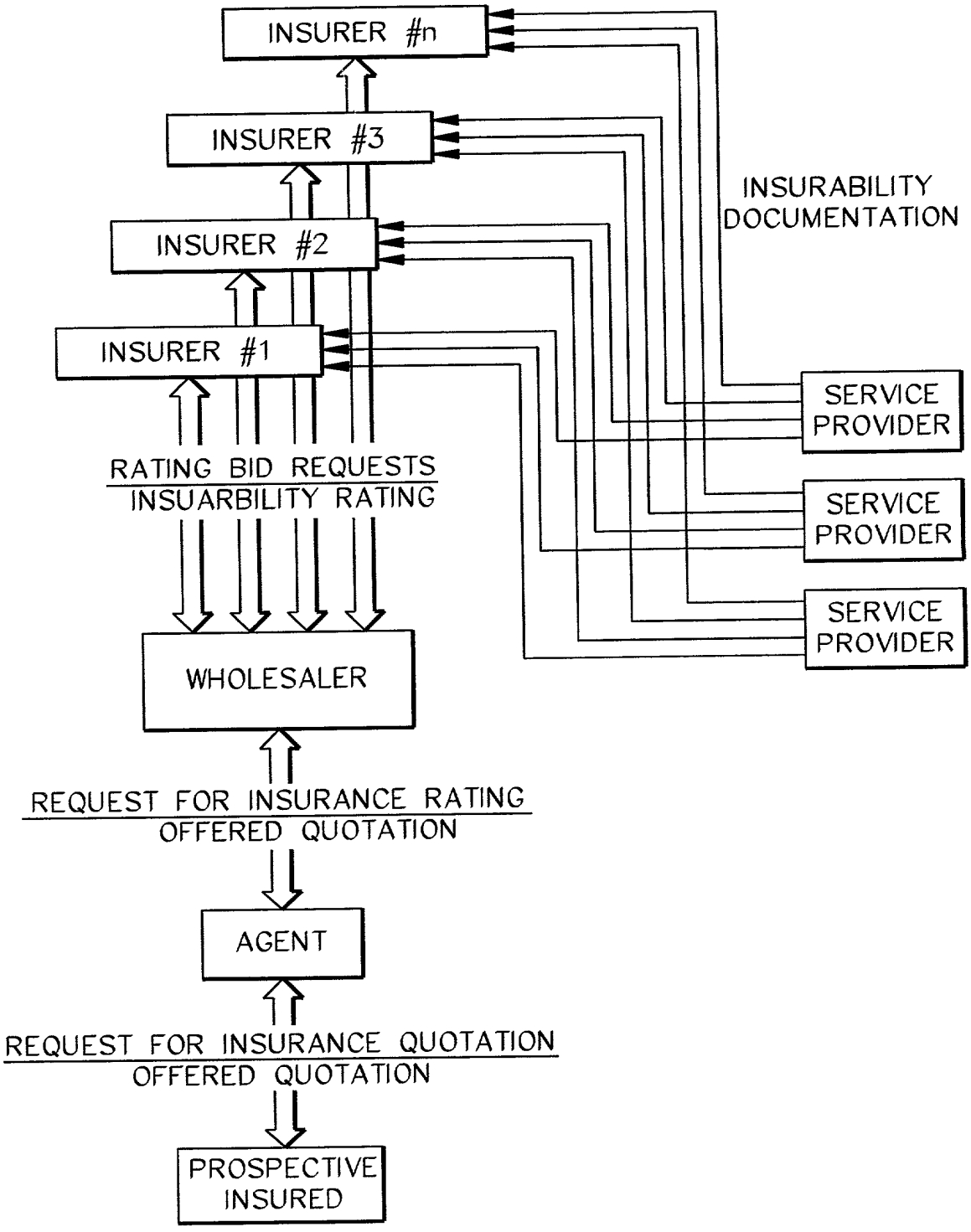

INSURER #n
INSURER #3
INSURER #2
INSURER #1
INSURABILITY DOCUMENTATION
SERVICE PROVIDER
SERVICE PROVIDER
SERVICE PROVIDER
RATING BID REQUESTS
INSUARBILITY RATING
WHOLESALER
REQUEST FOR INSURANCE RATING
OFFERED QUOTATION
AGENT
REQUEST FOR INSURANCE QUOTATION
OFFERED QUOTATION
PROSPECTIVE INSURED

FIG. 1

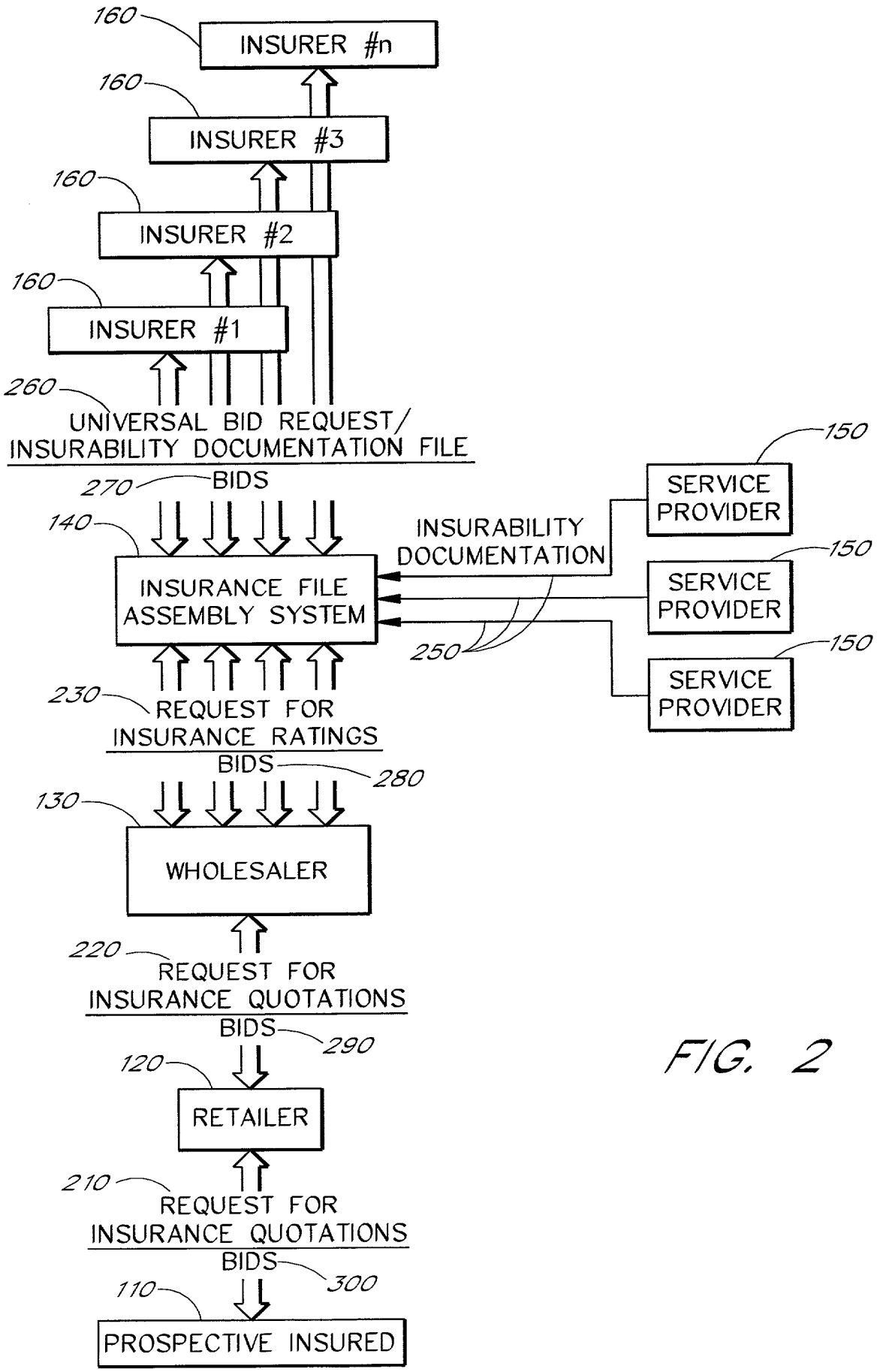

160
INSURER #n
160
INSURER #3
160
INSURER #2
160
INSURER #1
260
UNIVERSAL BID REQUEST/
INSURABILITY DOCUMENTATION FILE
270
BIDS
140
INSURANCE FILE
ASSEMBLY SYSTEM
INSURABILITY
DOCUMENTATION
250
150
SERVICE
PROVIDER
150
SERVICE
PROVIDER
150
SERVICE
PROVIDER
230
REQUEST FOR
INSURANCE RATINGS
BIDS
280
130
WHOLESALER
220
REQUEST FOR
INSURANCE QUOTATIONS
BIDS
290
120
RETAILER
210
REQUEST FOR
INSURANCE QUOTATIONS
BIDS
300
110
PROSPECTIVE INSURED

FIG. 2

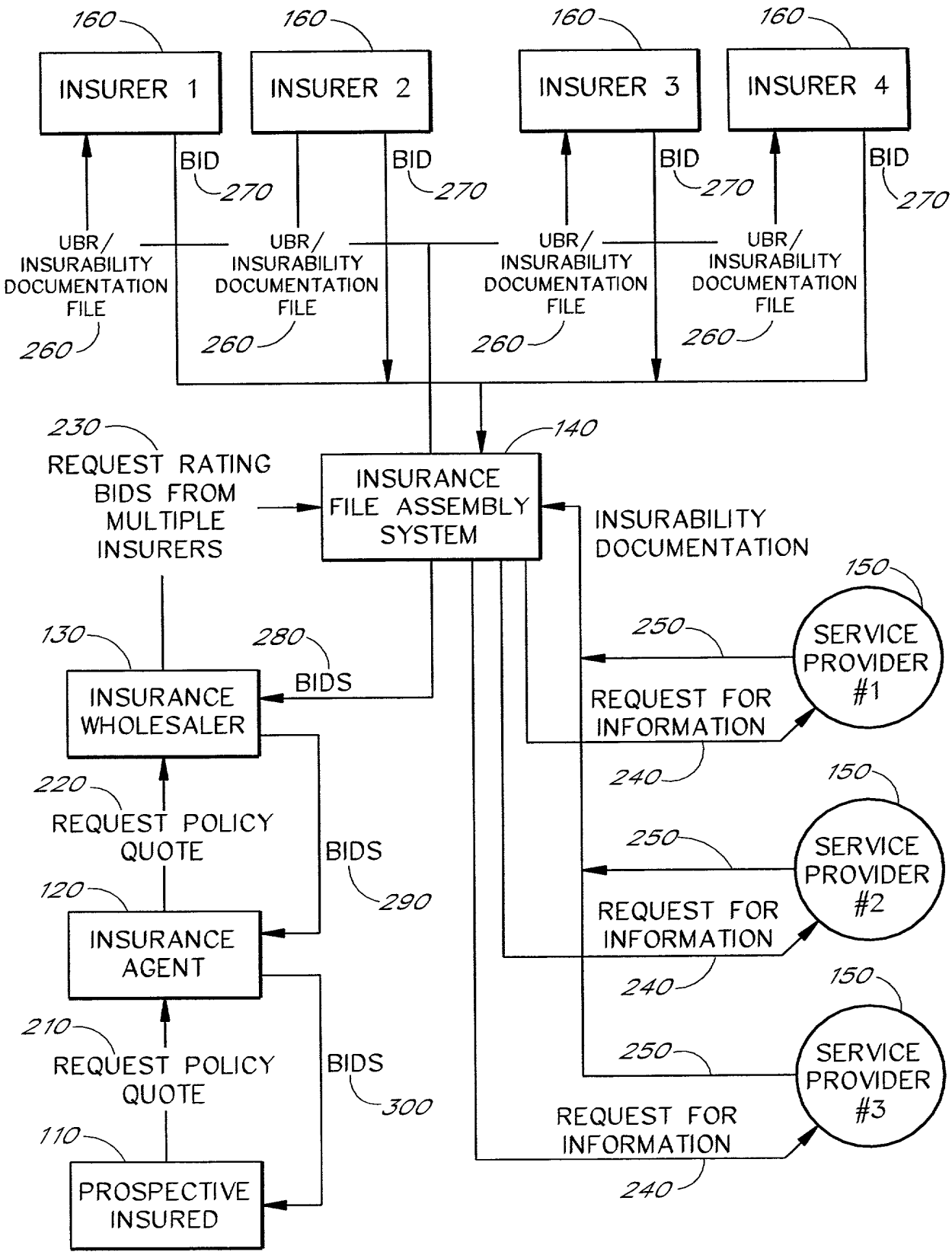

160
INSURER 1
160
INSURER 2
160
INSURER 3
160
INSURER 4
BID
270
BID
270
BID
270
BID
270
UBR/ INSURABILITY DOCUMENTATION FILE
260
UBR/ INSURABILITY DOCUMENTATION FILE
260
UBR/ INSURABILITY DOCUMENTATION FILE
260
UBR/ INSURABILITY DOCUMENTATION FILE
260
230
REQUEST RATING BIDS FROM MULTIPLE INSURERS
140
INSURANCE FILE ASSEMBLY SYSTEM
INSURABILITY DOCUMENTATION
150
SERVICE PROVIDER #1
250
REQUEST FOR INFORMATION
240
130
INSURANCE WHOLESALER
280
BIDS
220
REQUEST POLICY QUOTE
BIDS
290
120
INSURANCE AGENT
150
SERVICE PROVIDER #2
250
REQUEST FOR INFORMATION
240
210
REQUEST POLICY QUOTE
BIDS
300
150
SERVICE PROVIDER #3
250
REQUEST FOR INFORMATION
240
110
PROSPECTIVE INSURED

FIG. 3

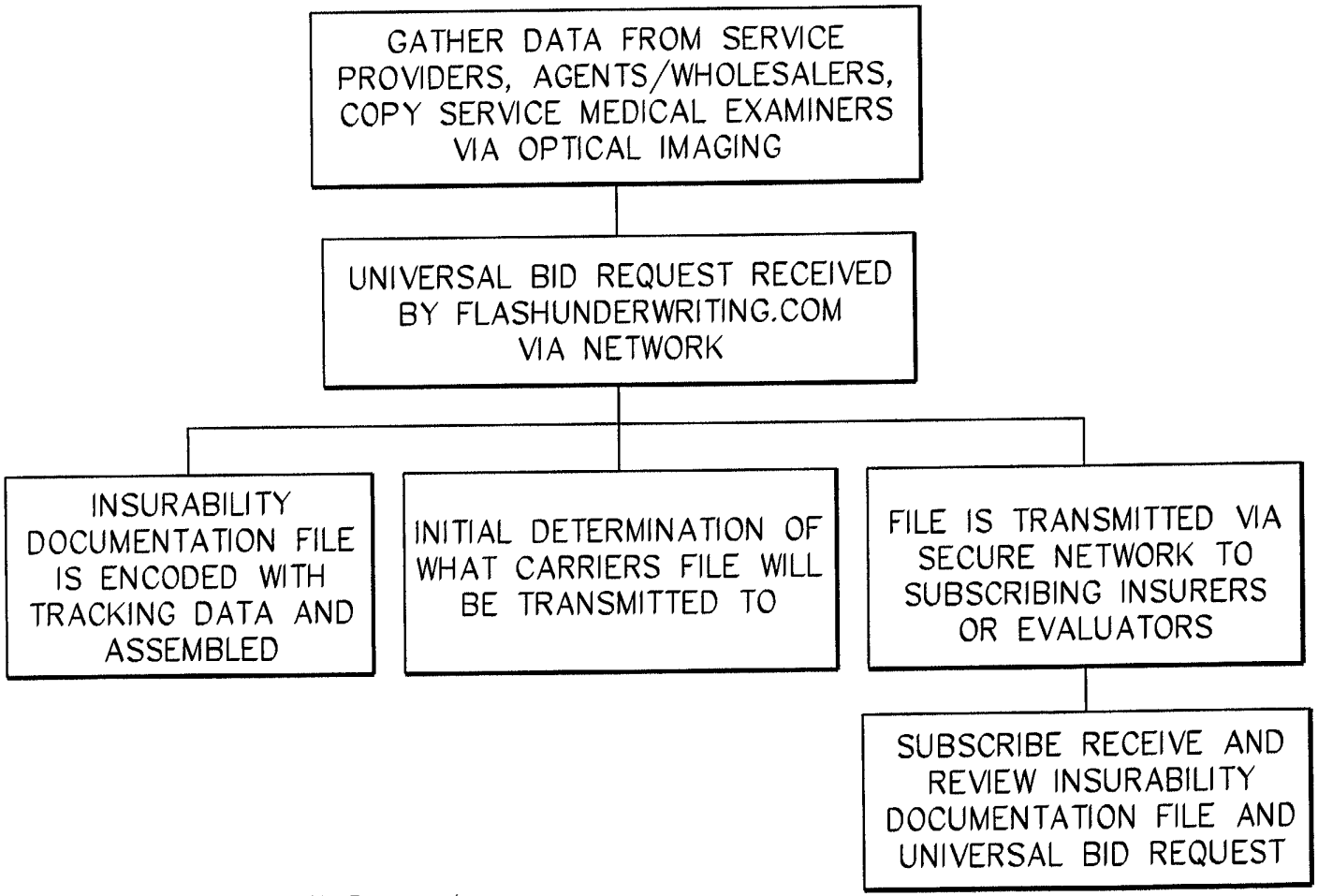


FIG. 4

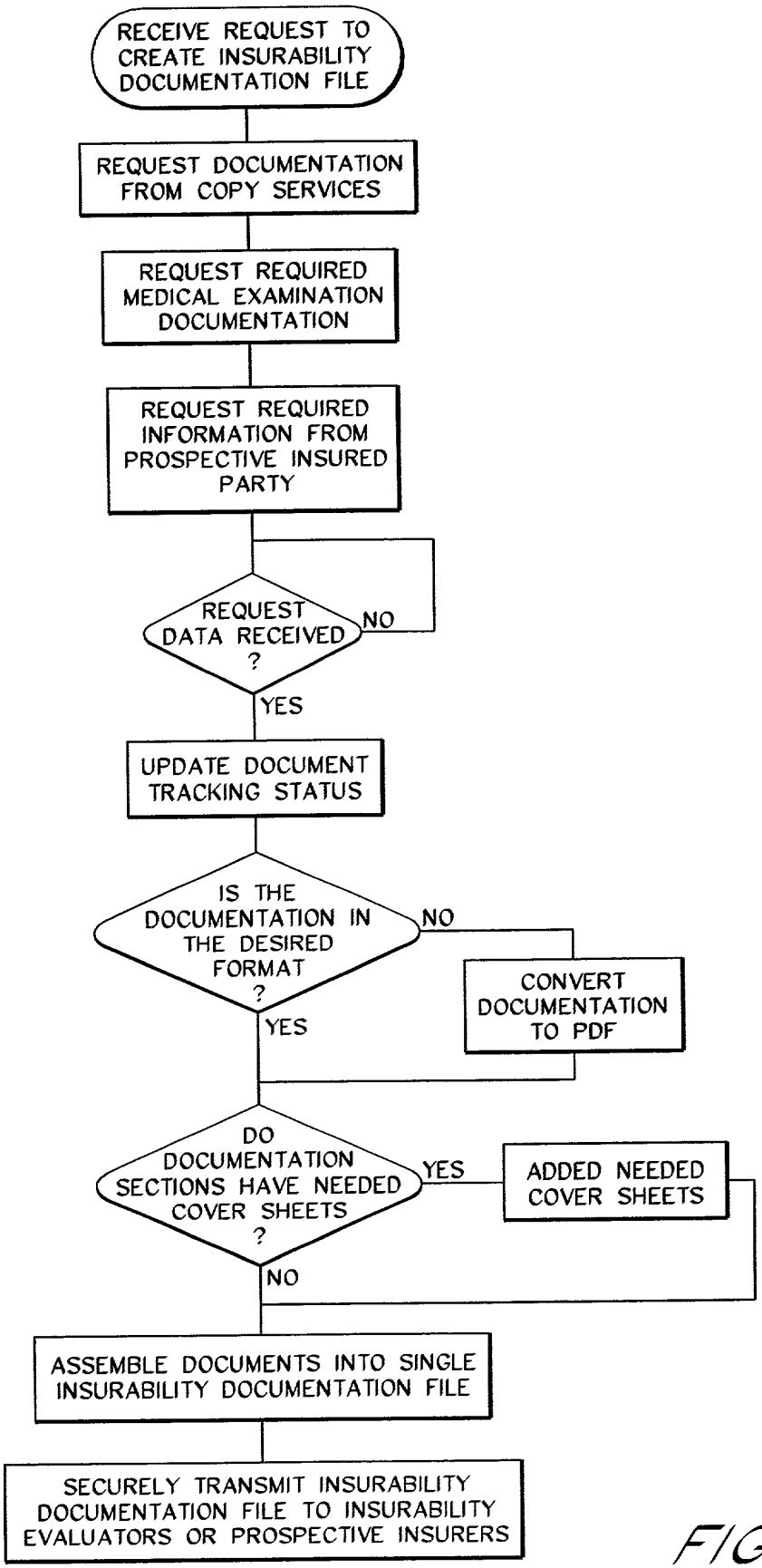

RECEIVE REQUEST TO CREATE INSURABILITY DOCUMENTATION FILE
REQUEST DOCUMENTATION FROM COPY SERVICES
REQUEST REQUIRED MEDICAL EXAMINATION DOCUMENTATION
REQUEST REQUIRED INFORMATION FROM PROSPECTIVE INSURED PARTY
REQUEST DATA RECEIVED ?
NO
YES
UPDATE DOCUMENT TRACKING STATUS
IS THE DOCUMENTATION IN THE DESIRED FORMAT ?
NO
CONVERT DOCUMENTATION TO PDF
YES
DO DOCUMENTATION SECTIONS HAVE NEEDED COVER SHEETS ?
YES
ADDED NEEDED COVER SHEETS
NO
ASSEMBLE DOCUMENTS INTO SINGLE INSURABILITY DOCUMENTATION FILE
SECURELY TRANSMIT INSURABILITY DOCUMENTATION FILE TO INSURABILITY EVALUATORS OR PROSPECTIVE INSURERS

FIG. 5

Flashunderwriting.com

Background Information

First _____ M.I. _____ Last _____
Maiden name _____
D.O.B. _____ Plae of Birth _____
SS# _____ Driver's License # _____ State _____

Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email Address

Personal Medical History Information

Personal Physician _____
Office Name/Hospital Affiliation _____
Street Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____
Date last seen _____ Reason _____

Consulting Physician _____
Office Name/Hospital Affiliation _____
Street Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____
Date last seen _____ Reason _____

List All other doctors/addresses/phone #'s and date and reason why seen?

_____ _____ _____
_____ _____ _____
_____ _____ _____

Height ___ Weight ___ Sex ___ Place of Birth? _____
Tobacco use? What type? How Often? Last used?
Have you ever been declined or rated by an insurance company? ___ If yes, why? _____

FIG. 6

Flashunderwriting.com
Universal Bid Application

AUTHORIZATION TO OBTAIN MEDICAL INFORMATION

I understand that any company named or not named below, it's reinsurers, any insurance support organizations, and those persons authorized to represent them may need to collect information on me in regard to proposed coverage. I therefore give permission to any physician, medical care provider, hospital, clinic, laboratory, insurance company or the Medical Information Bureau, Inc., or any similar person or organization to furnish information about me or any of my minor children who are to be insured when this authorization is presented. I authorize all said sources to give such records or knowledge to Flashunderwriting.com

The information collected by any company named or not named below may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition. Although information related to drug or alcohol abuse is protected from disclosure by Federal Regulation 42 CFR Part 2, I give my permission to any of the companies named or not named below to collect this information for those purposes described below. I understand that I can revoke this permission to collect information related to drug or alcohol abuse at any time, but revocation will not affect such information that has already been collected and relied on by the companies named or not named below.

Information collected under this authorization will be used by the companies named or not named below to evaluate my application for insurance, to evaluate claim for benefits, or for reinsurance or other purposes. I understand that I have a right to receive a copy of this form. I agree that a photocopy of this form will be used as valid as the original. This authorization will be valid for two years from the date shown below,

AIG Life	Keyport Life	Prudential
Alexander Hamilton Life	Lincoln Benefit Life	Reliastar Life
American General	Lincoln National Life	Security Connecticut
Chubb Life	Manufacturers Life	Security Life of Denver
First Colony Life	Massachusetts Mutual	Southland Life
First Penn Pacific Life	Metropolitan Life	Sovereign Life
General American	Mutual of New York	State Mutual Life
General Life	New England Life	Sun life of America
Hartford Life	New York Life	Transamerica Occidental
Indianapolis Life	North American L & H	Travelers
Jackson National Life	Northwestern Mutual	United of Omaha
John Hancock Life	Pacific Life	US Life
Kaiser	Penn Mutual	West Coast Life

Flashunderwriting.com reserves the right to add companies for disclosure.

Name of Applicant: _____ Date of Birth: _____

Signature: _____ Date: _____

Agent: _____ Date: _____

FIG. 7

Flashunderwriting.com

Medical History Questionnaire

To the best of your knowledge, within the last 10 years have you had or been told by a doctor that you had:

Y	N	
		Cancer or tumors?
		Abnormality of the heart, blood or blood vessels? (heart attack, murmur, palpitation, high blood pressure, anemia)
		Disease of any gland? (Diabetes)
		Disease or abnormality of the brain or nervous system? (Epilepsy, fainting spells, nervous or mental conditions)
		Lung Disorder? (Asthma, emphysema, pneumonia, bronchitis)
		Disease of the liver, gall bladder, pancreas, stomach or intestine? (cirrhosis, hepatitis, ulcers, colitis)
		Disease of the prostrate, testicles, uterus, ovaries or breast?
		Disorder of the Kidneys, urinary tract, sugar, albumin or blood in the urine?
		Clotting disorders, anemia, lukemia, platelet disorders, infections, or sources blood loss?
		Treatment or advice from a physician, or licensed practitioner, regarding drug or alcohol use?
		An immune deficiency disorder, AIDS, or the AIDS related complex (ARC)?
		Have you ever been under treatment for drugs or alcohol?
		Have you ever been rejected for insurance?
		Do you plan to live or travel outside of the U.S.?
		Do you fly in any capacity as a pilot or student pilot?
		Do you participate in any hazardous activities (hang gliding, scuba or skin diving, race car driving, etc.)
		Have you had any motor vehicle violations or had your driver's licensed suspended in the past 3 years?

Details to questions answered Yes

_____

_____

_____

_____

_____

FIG. 8

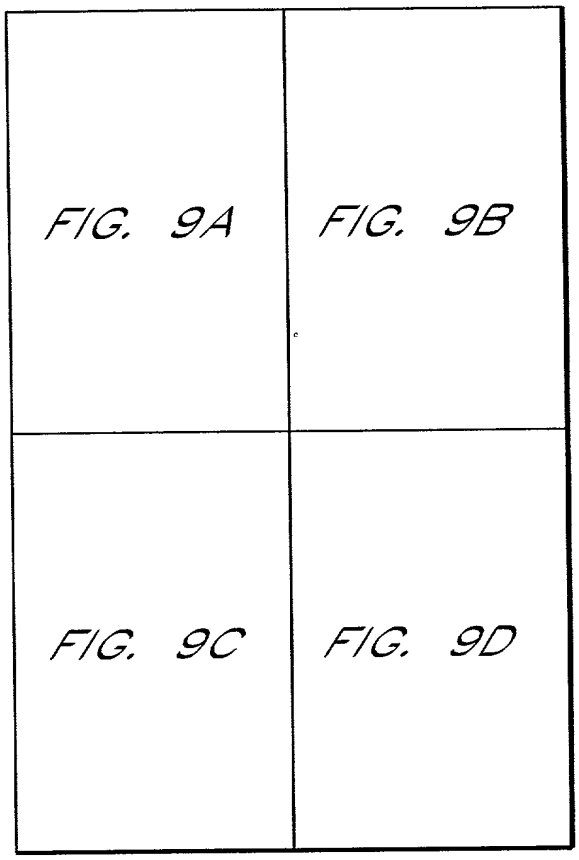


FIG. 9

FIG. 9A

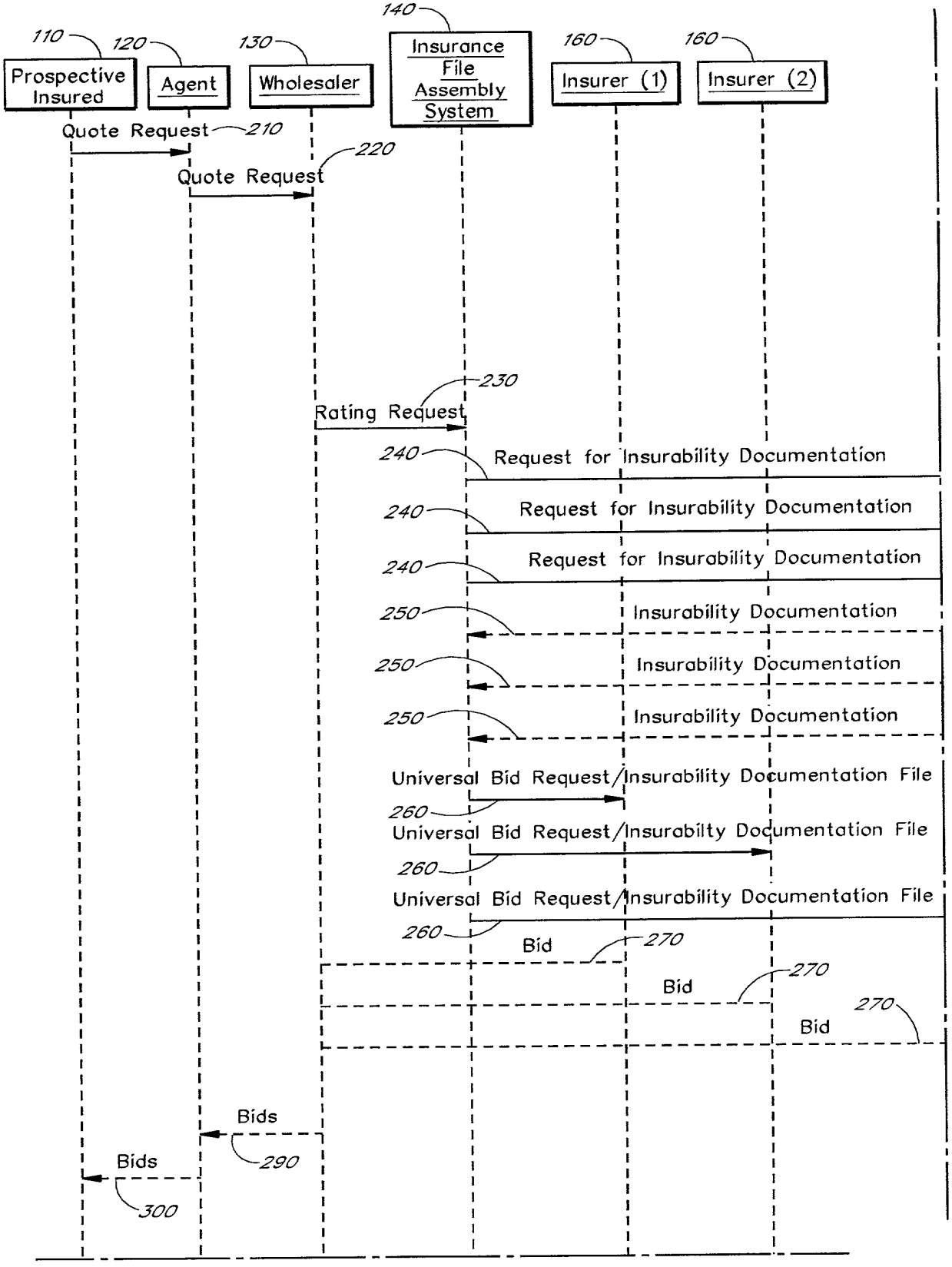
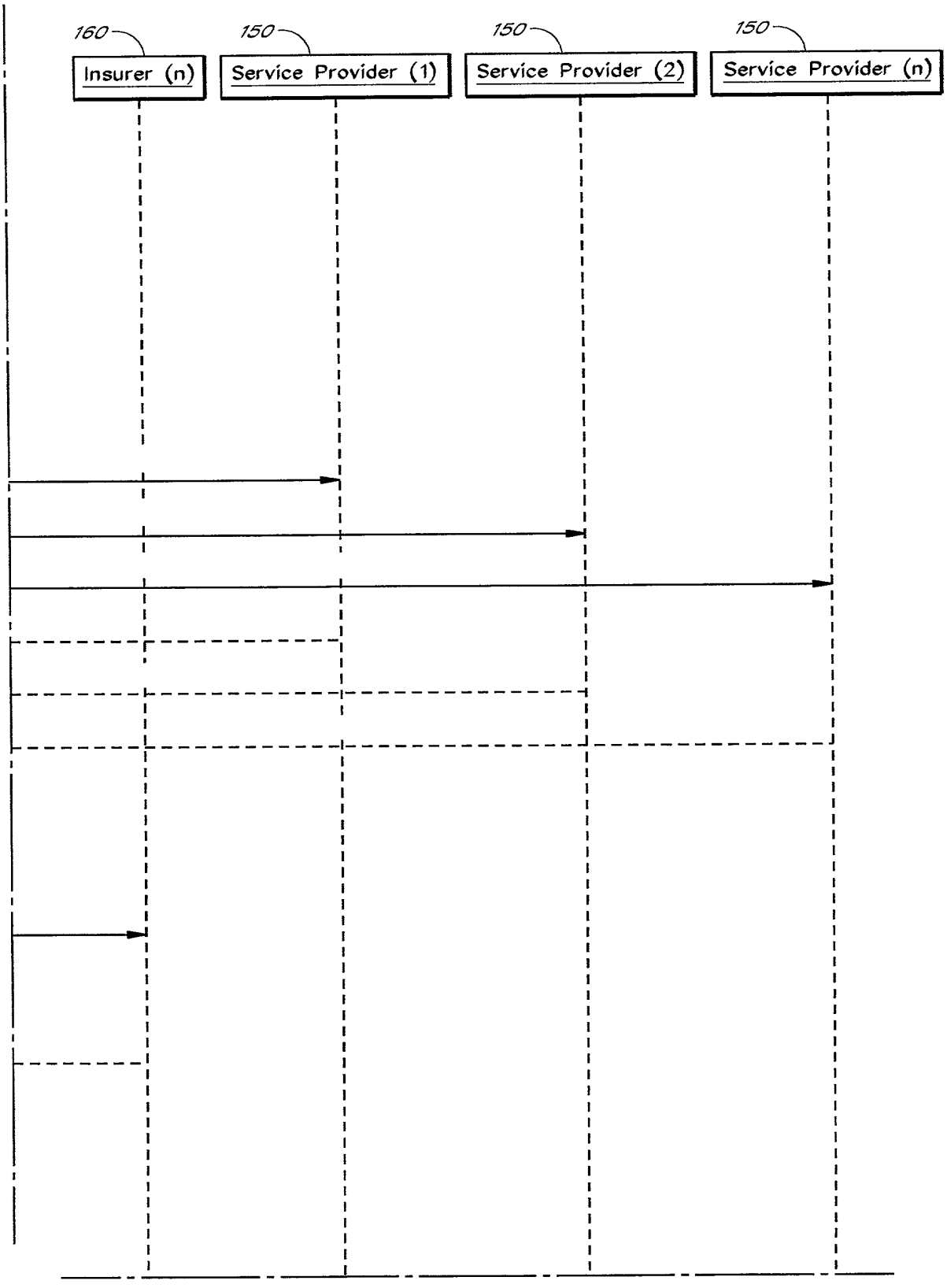

110
Prospective Insured
120
Agent
130
Wholesaler
140
Insurance File Assembly System
160
Insurer (1)
160
Insurer (2)
Quote Request
210
Quote Request
220
Rating Request
230
240
Request for Insurability Documentation
240
Request for Insurability Documentation
240
Request for Insurability Documentation
250
Insurability Documentation
250
Insurability Documentation
250
Insurability Documentation
Universal Bid Request/Insurability Documentation File
260
Universal Bid Request/Insurabilty Documentation File
260
Universal Bid Request/Insurability Documentation File
260
Bid
270
Bid
270
Bid
270
Bids
290
Bids
300

FIG. 9B


160
Insurer (n)
150
Service Provider (1)
150
Service Provider (2)
150
Service Provider (n)

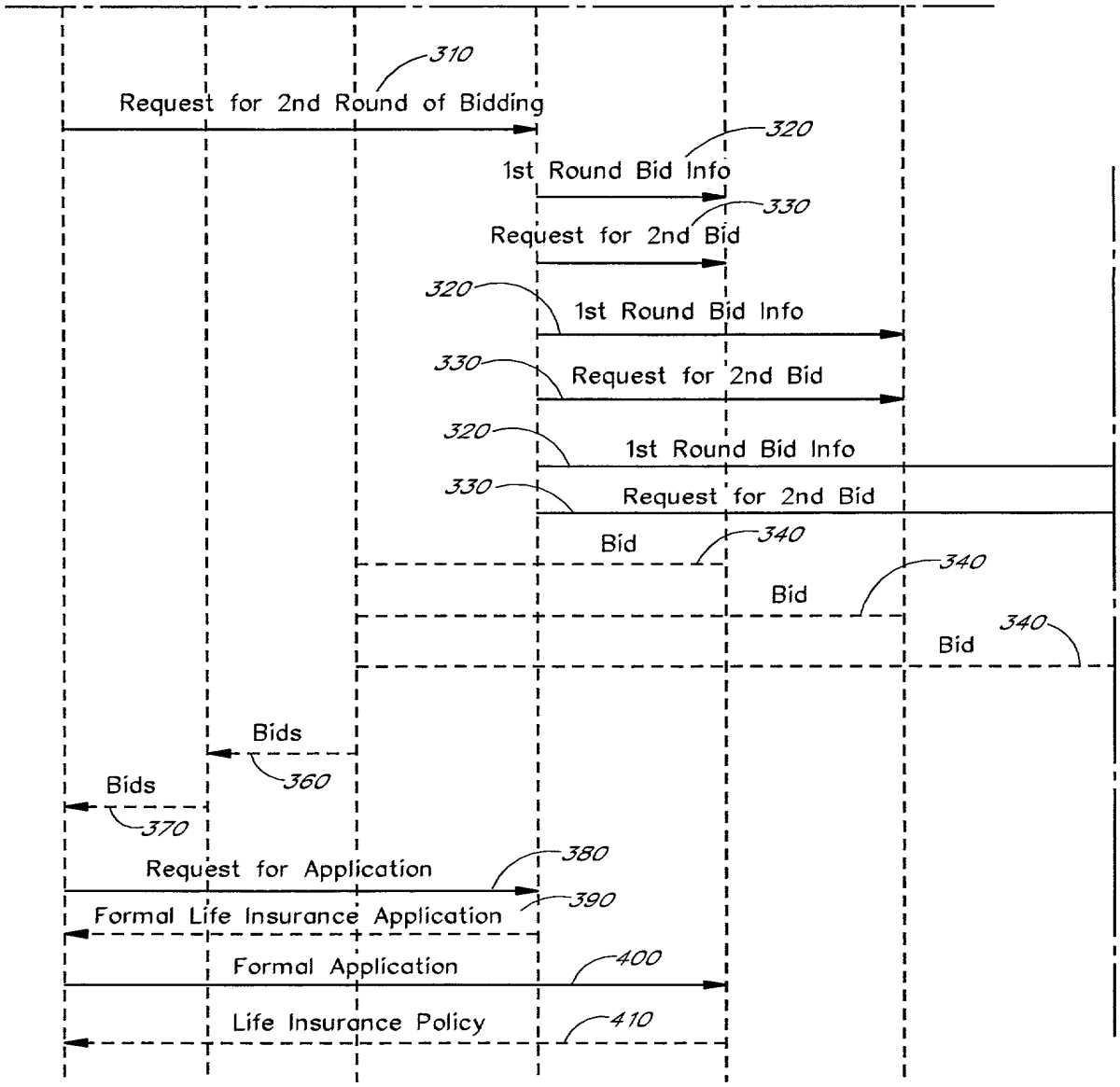

310
Request for 2nd Round of Bidding
320
1st Round Bid Info
330
Request for 2nd Bid
320
1st Round Bid Info
330
Request for 2nd Bid
320
1st Round Bid Info
330
Request for 2nd Bid
Bid
340
Bid
340
Bid
340
Bids
360
Bids
370
Request for Application
380
Formal Life Insurance Application
390
Formal Application
400
Life Insurance Policy
410

FIG. 9C

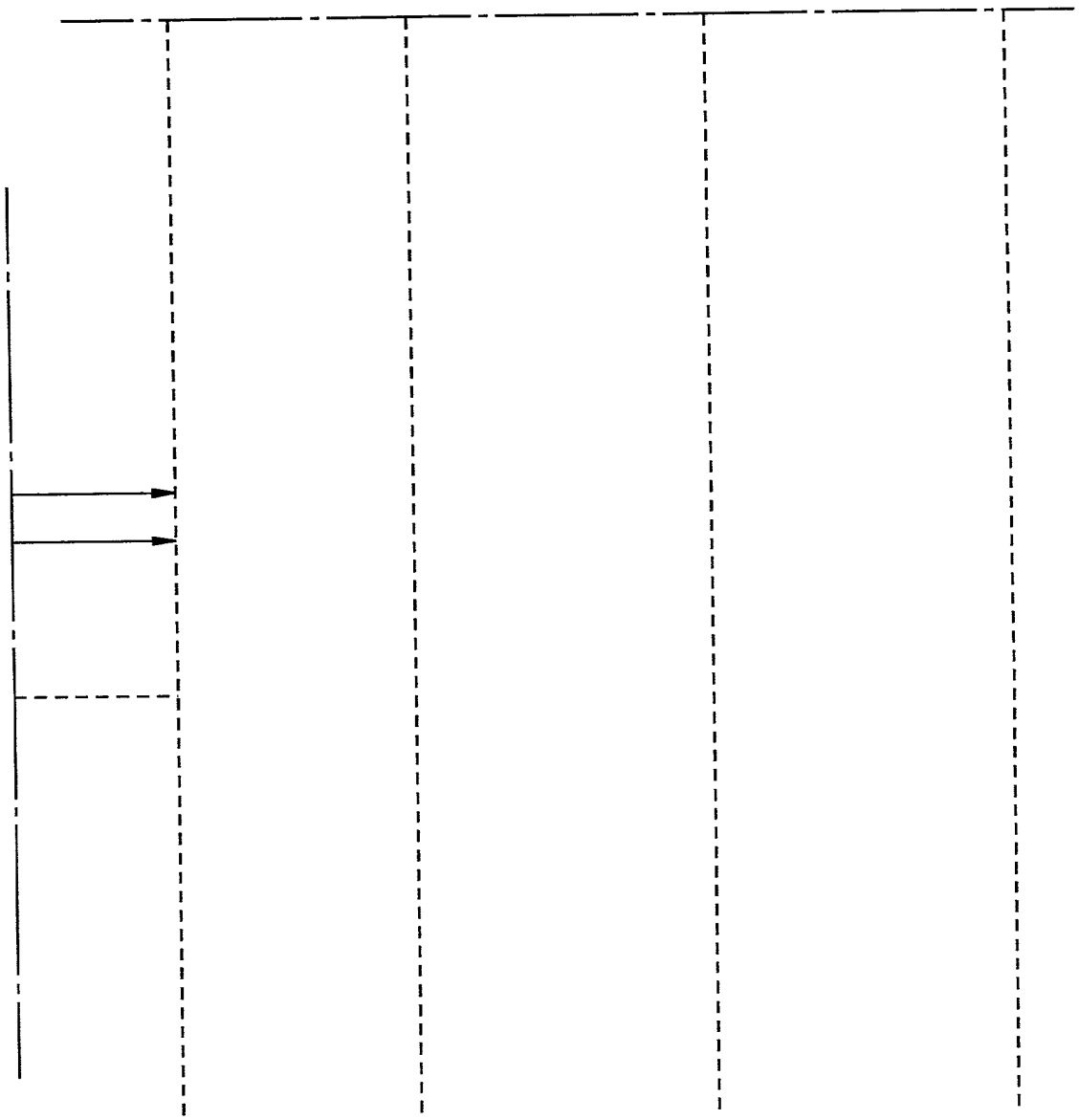


FIG. 9D

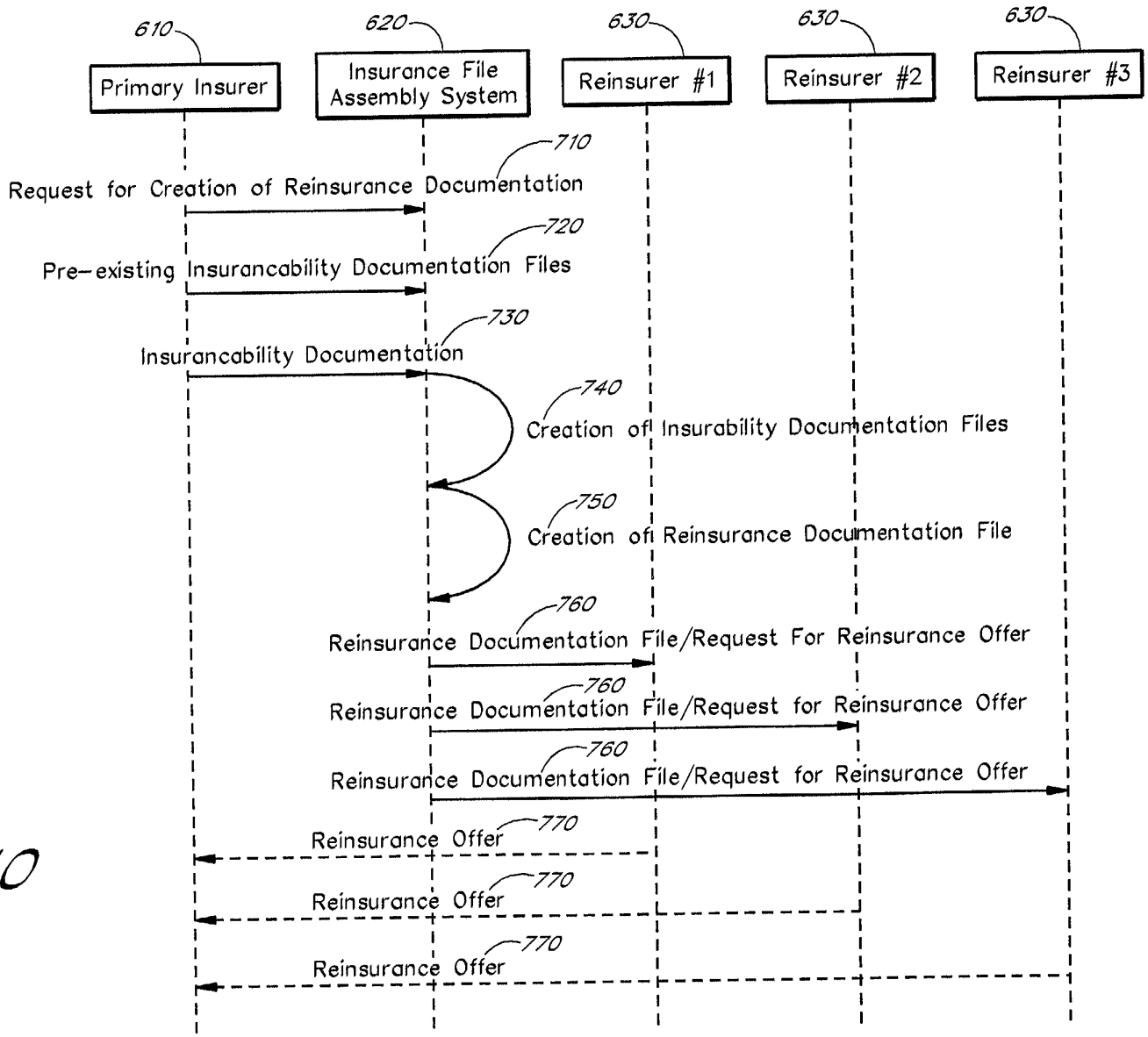

610
Primary Insurer
620
Insurance File Assembly System
630
Reinsurer #1
630
Reinsurer #2
630
Reinsurer #3
710
Request for Creation of Reinsurance Documentation
720
Pre-existing Insurancability Documentation Files
730
Insurancability Documentation
740
Creation of Insurability Documentation Files
750
Creation of Reinsurance Documentation File
760
Reinsurance Documentation File/Request For Reinsurance Offer
760
Reinsurance Documentation File/Request for Reinsurance Offer
760
Reinsurance Documentation File/Request for Reinsurance Offer
770
Reinsurance Offer
770
Reinsurance Offer
770
Reinsurance Offer

FIG. 10